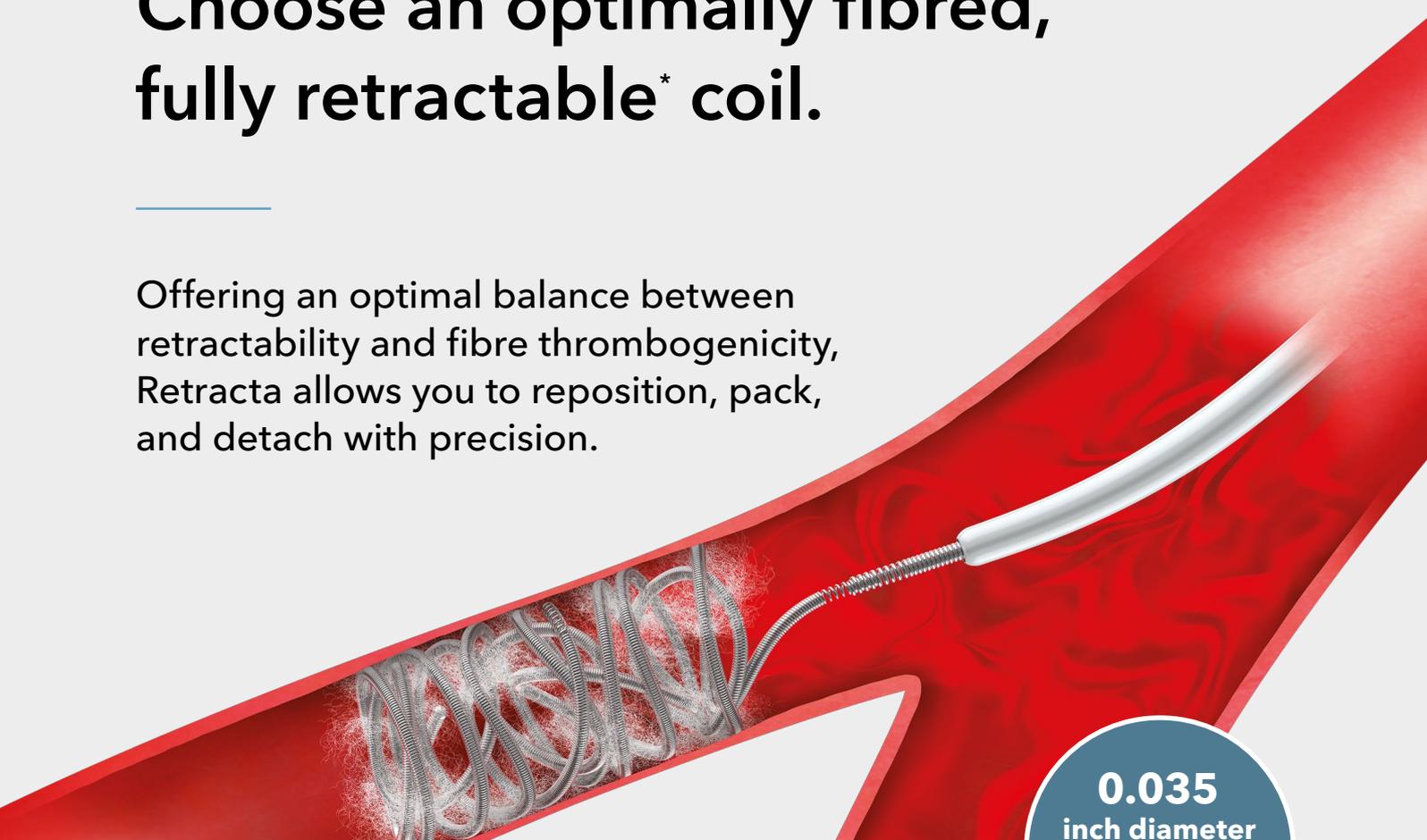


Choose an optimally fibred, fully retractable* coil.

Offering an optimal balance between retractability and fibre thrombogenicity, Retracta allows you to reposition, pack, and detach with precision.



0.035
inch diameter
catheter end hole
compatibility

Retracta® DETACHABLE EMBOLIZATION COIL

Easy to use from package to placement

Retracta coils are used right out of the package, with minimal effort and preparation. You don't have to attach extra devices to make our embolization products work or spend extra time getting them ready to work. The Retracta wire conforms to the catheter shape to make navigation easy. The detachment zone is easy to visualise under fluoroscopy, and the coil can be detached when you are ready.

Reposition, pack, and detach with precision.

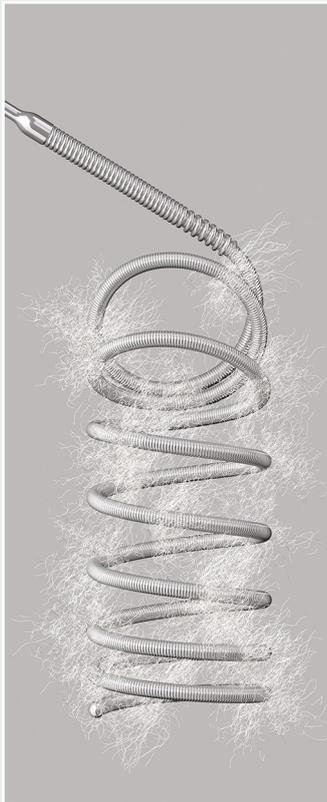
Retracta is designed to give you greater control over the placement of the coil. The fully retractable feature allows you to reposition the coil if necessary. The soft platinum allows you to pack the coil into a tight occluding mass while the fibre increases thrombogenicity.

Choose an 0.035 inch diameter catheter compatible detachable coil.

In addition to the 0.035 inch diameter end hole compatibility of the device, the flexible 20 cm tapered section of the delivery wire allows Retracta to take the shape of the catheter enabling smooth navigation even round tight curves.



*The Retracta coil is fully retractable only until it is detached from the delivery wire.



Retracta®

DETACHABLE EMBOLIZATION COIL

Features

- The Retractable Detachable Embolization Coil is intended for arterial and venous embolization in the peripheral vasculature.
- Retractable is a platinum coil with spaced synthetic fibres and it is attached to a delivery wire.
- The Retractable system allows the coil to be fully advanced and completely repositioned before the coil is finally deployed.
- The coil delivery system provides safe delivery of embolization coils when correct positioning is especially critical.
- The coil is fibred to promote thrombogenicity.
- The coil is made of soft platinum for tight packing.
- It has a helical shape for continuous wall apposition.
- It has an enhanced radiopaque junction for accurate deployment.
- An optional contrast test injection can be performed for confirming placement and occlusion.
- Retractable is MR conditional at 3 T.
- Its specification include a range of diameters from 3–20 (even numbers only), lengths of 7 and 14 cm, and a 0.035 inch diameter platform.

Verify fluoroscopic visualisation of the detachment zone.

The 8 mm detachment or junction zone, where the Inconel® covered nitinol delivery wire and platinum coil are screwed together, is visible under fluoroscopy and acts as a marker for accurate deployment. The radiopaque junction zone is located where the colour transitions between the darker platinum coil and the lighter Inconel covered nitinol mandril. Since the junction should be positioned just inside the catheter tip prior to deployment, the catheter tip also acts as a marker.

Use a detachable coil with a delivery wire that conforms to the catheter shape.

Retracta's delivery wire has a flexible 20 cm distal tapered length (Fig. 1) to allow the catheter to retain its shape (Fig. 2). Delivery friction and retraction friction are minimised without compromising pushability. The flexible taper helps to keep the catheter tip in its desired position to avoid tip deflection.

Perform an optional contrast test injection to confirm coil placement.

A unique feature of Retractable is its ability to allow the physician to check that coil placement is satisfactory. Once the coil has been placed, contrast medium can be injected through a Tuohy-Borst Sidearm Adapter to confirm placement. If the coil placement is not satisfactory, the coil can be fully retracted and repositioned. Contrast can be injected again to confirm placement. The coil can then be detached from the wire.

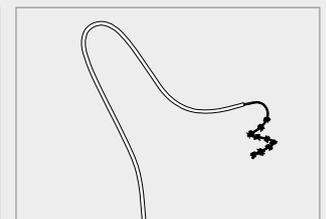
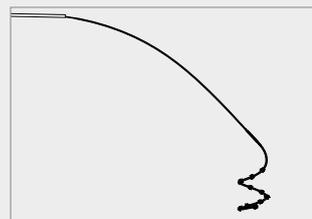
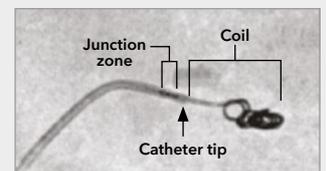
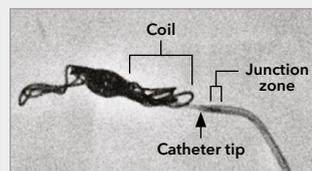


Fig. 1

Fig. 2



The coil is initially positioned too close to the parent vessel or bifurcation.

The contrast test injection confirms that the coil is too proximal.

The coil is retracted into the catheter.



The coil is repositioned more distally.

The contrast test injection confirms accurate coil positioning.

The coil is detached from the wire.

Increase occlusive capacity with fibre.

Published animal studies^{1,2} which were randomised and blinded are among the first to provide strong evidence supporting what clinicians have long observed: that fibres enhance thrombogenicity. The studies provide strong evidence that incorporating nylon fibres in metallic embolization coils significantly shortens the speed to acute occlusion and significantly reduces the number of devices needed and the radiation dose delivered when compared to bare metal coils.

Use Retracta in combination with highly fibred pushable coils.

Using pushable and detachable coils in combination helps you meet both the clinical goal of occlusion and the economic goal of containing costs. This combination approach is useful in procedures where precise control and a high level of thrombogenicity are desired. For safe and precise placement, use the Retracta for the first and last coils and pack tightly in between with highly fibred pushable coils to increase thrombogenicity. Fewer coils are needed to achieve occlusion if the coils are fibred.^{1,2}

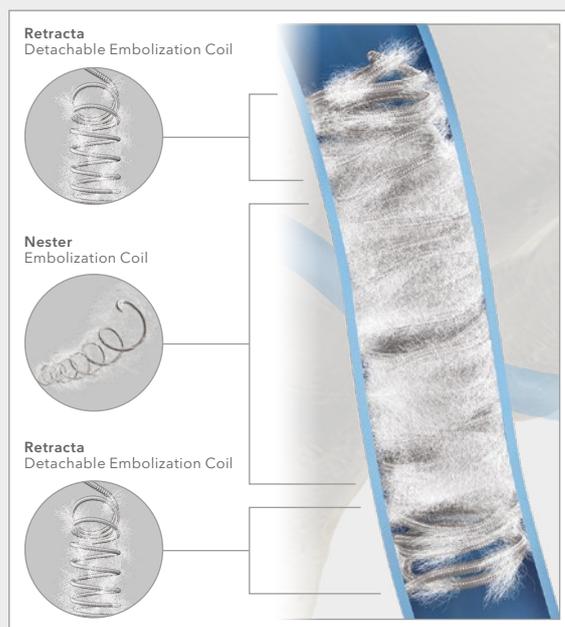
Fibred pushable coils that may be used in conjunction with Retracta include:

- Nester Embolization Coils
- Tornado Embolization Coils

See the Retracta Detachable Embolization Coil in action.

Visit the [Retracta product page on the cookmedical.eu website](https://www.cookmedical.com/products/embolization-coils/retracta) to see more detailed information on Retracta.

1. Watch the [Retracta animation](#) to learn how to use the Retracta Detachable Embolization Coil.
2. In this [Retracta live case video](#), a physician effortlessly deploys multiple Retracta coils in a live venous embolization case. Watch his hands and live fluoroscopic images while listening to his commentary.
3. The [Retracta Deployment Tips video](#) provides helpful notes on the preparation and use of Retracta.
4. Fibre on the Retracta coil helps achieve occlusion. Listen to the [Fibre Study video](#) where a physician is interviewed about an animal study where the impact of fibre was tested.



1. 
Choose a coil that is 20% or 2 mm larger than the target vessel and load the coil into the catheter.
2. 
DIAMETERS: 4-20 MM
LENGTHS: 7.5-10 CM, 33 PLATFORM
3. 
4. 
Embolization coils used in the study.
Compare the occlusive effect of fibred and non-fibred embolization coils used in the study.

Inconel is a registered trademark of Huntington Alloys Corporation.

1. Trerotola S, Pressler GA, Premanandan C. Nylon fibred versus non-fibred embolization coils: comparison in a swine model. *J Vasc Interv Radiol.* 2019;30(6):949-955.
2. White SB, Wissing ER, Van Alstine WG, et al. Comparison of fibred versus nonfibred coils for venous embolization in an ovine model. *J Vasc Interv Radiol.* 2023;34(5):888-895.

Order Number	Reference Part Number	Recommended Catheter ID/ End Hole Diameter inch	Extended Embolus Length cm	Coiled Embolus Diameter mm	Approximate Number of Loops
0.035 inch Diameter Detachable Coils					
G34187	MWCER-35-7-4	0.035	7	4	5.6
G34188	MWCER-35-7-6	0.035	7	6	3.7
G34189	MWCER-35-7-8	0.035	7	8	2.8
G34190	MWCER-35-7-10	0.035	7	10	2.2
G34191	MWCER-35-7-12	0.035	7	12	1.9
G34197	MWCER-35-14-6	0.035	14	6	7.4
G34198	MWCER-35-14-8	0.035	14	8	5.6
G34199	MWCER-35-14-10	0.035	14	10	4.5
G34200	MWCER-35-14-12	0.035	14	12	3.7
G34201	MWCER-35-14-14	0.035	14	14	3.2
G34202	MWCER-35-14-16	0.035	14	16	2.8
G34203	MWCER-35-14-18	0.035	14	18	2.5
G34204	MWCER-35-14-20	0.035	14	20	2.2

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AI, ESC, IR, PI-A4